



22 June 2004

COMMISSIONER FOR PATENTS

PO Box 1450

Alexandria, Virginia 22313-1450

Application No.: 10/045,137 Confirmation No.: 3416
First Named Inventor: Wang, Albert Z. H. Filing Date: 23 October 2001
Group Art Unit: 2811 Examiner: Hu, S.
Atty. Docket No.: NS-3868-2C US
Title: Structure And Operation Of Dual-Directional Electrostatic Discharge Protection Device
Assignee(s): National Semiconductor Corporation

Sir:

Transmitted herewith are the following documents for the above patent application:

1. Return Receipt Postcard;
2. This Transmittal Letter (in duplicate);
3. Amendment (11 p.); and
4. Request for Extension of Time (1 p.).

☒ The fee has been calculated as shown below:

CLAIMS AS AMENDED

| | Claims Remaining <u>After Amendment</u> | | Highest No. Previously <u>Paid For</u> | | Present <u>Extra</u> | | <u>Rate</u> | | <u>Additional Fee</u> |
|--|--|-------|--|---|-------------------------|---|-------------|----|-----------------------|
| Total Claims | 13 | Minus | 20 | = | 0 | x | \$18.00 | \$ | 0.00 |
| Independent Claims | 2 | Minus | 3 | = | 0 | x | \$86.00 | \$ | 0.00 |
| <input type="checkbox"/> | Fee of \$280 for the first filing of one or more multiple dependent claims | | | | | | | \$ | |
| <input checked="" type="checkbox"/> | Fee for Request for Extension of Time (1 month) | | | | | | | \$ | 110.00 |
| <input type="checkbox"/> | Fee for | | | | | | | \$ | |
| <u>Total additional fee for this Amendment:</u> | | | | | | | | \$ | 110.00 |
| <input checked="" type="checkbox"/> | Please charge Deposit Account No. 502641 in the amount of | | | | | | | \$ | 110.00 |
| <input checked="" type="checkbox"/> | Conditional Petition for Extension of Time: If an extension of time is required, the Commissioner is authorized to deduct the necessary fee from Deposit Account No. 502641. | | | | | | | | |
| <input checked="" type="checkbox"/> | Also, charge any additional fees required and credit any overpayment to Deposit Account No. 502641. | | | | | | | | |

EXPRESS MAIL LABEL NO.:

EV 337 115 937 US

Respectfully submitted,

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